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ABSTRACT

A packet for parents of middle school children with specific learning disabilities (SLD) was developed and field tested with 54 parents and teachers. The packet consisted of two booklets in question and answer form explaining SLD, reviewing spcific terms used to describe the condition, and discussing parent rights (including in the development of individualized education programs). Responses indicated a favorable reaction toward the packet and underlined the need for printed material covering the subject matter in a general way for parents. The packet is appended. (CL)

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FOR PARENTS ONLY: LEARNING PACKETS TO AID UNDERSTANDING OF SPECIFIC LEARNING DISABILITIES AND PARENTAL RIGHTS

Practicum III submitted to the Faculty of
Early Childhood Education Program in
Candidacy for the Degree of Doctor of
Education

By

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Cluster II

July 1980

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I wish to take this opportunity to thank the many persons who have assisted me on this project which could not have been completed without this help.

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ABSTRACT

A packet was developed covering useful information for parents of children with Specific Learning Disabilities (SLD). The material has been read and critiqued by professionals in SLD and related fields as well as parents of students now in SLD classes. The packet consists of two booklets written in question and answer form and a cover letter. One booklet, A Parent's Introduction to SLD which explains SLD and the specific terms generally used to describe it is 17 pages in length. The other, Parent's Rights: A Guide to the IEP Conference, 7 pages, introduces the parent to the IEP and related topics. The information is necessarily presented in a brief manner and is intended to help the parents understand the subject matter in a general way.

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Chapter I

Introduction

Many parents of exceptional children are neither aware of nor prepared for the role assigned to them by Public Law 94-142 which was passed in 1975. It is crucial for parents to realize how important this expected involvement can be in terms of the quality and type of education they may expect for their child. If the parents do not exercise this option to participate, it is possible that the hard won and exceedingly costly programs may be modified or changed to suit the prevailing legislature's whims or expediency. The law was passed as the aftermath of much litigation on behalf of children of various exceptionalities who previously had been passed over by the mainstream of education.

Parents of children in special education classes seem now to take the special classes for granted. This disinterest is appearing at about the same time as school personnel are beginning to recognize that one of the most important factors relating to the success or failure of education may well be the attitudes toward education of the child's own parents. Needless to say, the exceptional child with his handicap deserves the wholehearted support and understanding of his parents.

This author is a special education teacher of the learning disabled in a small sized middle school located in one of the contiguous cities of the Florida Gold Coast region. The surrounding community retains its small town atmosphere. Students from two cities either walk to school or, if they live more than two miles away, are bussed in. The school's population represents a wide economic base. About seventy-five percent of the students are white, twenty percent are black and the remainder belong to the Spanish or other minority groups. The students are drawn mainly from three "feeder" elementary schools. After their three years at the middle school, the students again separate to attend three different area high schools.

The special education department, separate from the gifted program, has classes for the Emotionally Disturbed (ED), for the Educable Mentally Handicapped (EMH), and for the Learning Disabled (SLD) students. Of the seven teachers and five aides, four teachers teach in the SLD classes. The majority of the fifty-seven SLD students attend three special classes in language arts, mathematics, and social studies/science daily. They are mainstreamed in all other classes. Approximately fifty percent of the SLD students are black.

Chapter 2

Study of the Problem

During the past few decades, parents have been discouraged from taking too active a part in the academic affairs of the child's schooling. The result has been that as the child grows older, the parents participate less and less in school matters. Innovative teaching methods such as modern math and the new grammar have kept parents from being able to help even the elementary student with his homework. Some teachers have actively dissuaded parents from helping out for fear that the parent would use the wrong methods.

At the very time that parents were being turned away from helping the child at home, the schools were actively wooing the parents to take part in what most parents consider inconsequential school matters. They were being asked to provide services that the school considered ancillary. They were being asked to man the health clinic, to help in the library, to raise money for items the school board did not provide and to serve as chaperones. Yet, they were not invited to step into the classrooms while school was in session.

After almost completely alienating most of the parents,

the schools are now discovering that the interest of a child's parents has a high correlation to the child's academic success. Now parents are being labeled apathetic for their lack of support and interest.

Public Law 94-142 gives the parent an active, but often unrequested, role in the planning and overseeing of the exceptional child's education. The law specifies that the parent sign his or her agreement to the placement of the child in special education classes. The law further specifies that that the parent be a principal in the initial and continuing Individual Educational Plan (IEP) meetings. No changes in placement may be made without the parent's prior knowledge and consent.

These IEP conferences attended by the parents, regular and special education teachers, psychologist, administrative personnel, and/or other involved professionals are meant to be a team effort for obtaining the best possible understanding of the child's problems and planning the remedial measures. The parent brings to these meetings his personal, intimate knowledge of the child's history plus his ongoing interest in the child's well being. The psychologist provides the assessment and the individual teachers and clinicians bring their professional understanding of specific learning disabilities and remediation methods and their

perspective of the child in the classroom. Health and learning problems, projective plans, and other pertinent problems are discussed. At the end of the conference, all persons attending sign the IEP. Although the meeting is obligatory, the meeting is kept as informal and relaxed as possible and every effort is made to put the parent at ease to make him aware that he is a vital member of the group. Many times the child is also brought into the last part of the meeting so that he understands the purpose of the planning meeting.

Unfortunately, the parents do not always participate to the fullest possible extent in the meetings. Many are mute during the conference as if their presence is that of an observer. Others show difficulty in understanding the concept of learning disabilities. Still others exhibit unrealistic goals for the child. It is of the utmost importance for the child's own parents to understand the child's problems in order to be able to aid the child in overcoming or compensating for them. The parent oversees his child's education over its entire length and must be aware of all the ramifications of a problem in order to see that the child obtains the best possible education.

The IEP conference has a full and important agenda and the successful coverage of this agenda depends upon the

preknowledge by the parents of learning disabilities in general and also, of their own rights as parents. The use of this conference as a major educational forum is inefficient and inappropriate.

The problem is that too many parents do not possess a basic understanding of learning disabilities. This understanding is necessary in order to oversee and guide the child's education in a knowledgeable way. Additionally, many parents are not aware of their rights as afforded them by P.L. 94-142.

A survey of the elementary feeder schools and the high schools which the students will attend was made to determine whether other teachers of SLD students agreed that this was a problem. At least one teacher from each school was contacted by telephone. The teachers were asked whether or not they felt that the parents lacked a basic understanding of learning disabilities. Did this lack of understanding hinder the parent in being able to help the child? Did this lack of knowledge make it difficult for the teacher to discuss the child's problems with the parent? What methods were used to help the parent gain this understanding?

The survey (Appendix A) showed that all the teachers involved made use of the conference as a tool to explain learning problems to the parents. One teacher had tried

seminars to educate the parents, but found the attendance was too limited to justify the work involved. Another teacher noted that she made an extensive library available to the parents that was rarely used. Another used after school conferences, but found that few parents could attend. A series of informational newsletters were tried by this writer last year.

All teachers expressed their concern that with minor exceptions parents were not adequately prepared to help their child overcome the handicap. They said the parents possessed limited knowledge of their own child's handicap, if they knew what it was at all. They were disappointed that parents showed an unwillingness to attend conferences. Although this question had not been asked, about half of the teachers mentioned the fact that as many as fifty percent of the parents did not come to the annual meetings. In one instance, a teacher said that she had one group of parents that were well educated who probably knew more about their own child's disability than she did. However, she noted, the rest of her parents were not as adequately informed.

According to an article in the January/February, 1980, ACLD Newsbriefs, testimonies at the Senate Subcommittee on the Handicapped of the Labor and Human Resources Committee and the House Select Education Subcommittee on the implemen-

tation of P.L. 94-142, showed a concensus of opinion that it was felt that parents are not well educated enough as to the rights of their children and how to go about obtaining them.

The IEP conference has to cover so much ground that it is difficult to try to give the parents an adequate coverage of learning disabilities concepts at the same meeting. Because of this, using conference time as the prime method of dispensing information proves to be less than ideal. Obviously, this means of instruction cannot reach parents who do not attend conferences.

One reason for the parents' lack of knowledge about learning disabilities must be simply that no one has taken the time to explain the problems fully. Some of the students have been in SLD programs for four years before they got to middle or high school, and yet these parents still are not adequately informed. The psychological evaluation and educational testing is slanted toward placement procedure and toward giving the teachers an assessment tool with which to work. The parent is not purposely ignored. No one has the direct obligation to see that the parent possesses a full understanding of the problems.

Review of Literature

The disciplines contributing to the field of learning disabilities are as diverse as they are numerous. These children and their individual problems so different from one another have been the focus of studies by psychologists, psychiatrists, behaviorists, educators, neurologists, speech and language pathologists, sociologists, internists, pediatricians and a host of other specialists. Emerging in the forties, beginning with the studies of brain injured children by Straus and Lehtinen, the field has expanded in multidirections.

Keogh (1977) finds SLD as essentially an applied field with the evidence for program develcpment and application coming from research in other disciplines. As the result, programs are often fragmented and moving in many directions. The field lacks consensus as to what are the fundamental questions to be answered. The gap between research and practice is significant and especially plaguing to the field. Keogh believes it is doubtful that the significant variables in SLD have yet been identified or if they can be manipulated independently in an educational setting.

McCarthy and McCarthy (1976) believe that due to the heterogeneity of SLD, those single factor theories which focused on only one aspect of SLD to the exclusion of others

are bound to be incomplete. Wong (1979) gives three reasons which explain the weak role of theories in SLD. First, agreeing with the McCarthys, she cites the single factor or unidimentional concept of SLD, second, she points out the divisiveness among SLD professionals and third, she finds that narrow and isolated concepts are at fault. Fruitful research will occur, says Wong, when and where there is an integrated perspective between the neuropsychological and educational approaches to SLD.

Ringehcim (1978) declared the definition of SLD to be so broad as to be a disclaimer. If a child did not fit under the definition of any other handicap, he was classified as SLD. The term specific learning disability was accepted for the title of this category because the formerly used term, brain ingured, would have required a medical diagnosis. Ringelheim criticized the "grandfathers" of the field for defining the field within the concept of their instrumentation rather than delineating the child independently of the instrument used. Eclectic theories will come about when the professionals of the various fields talk with one another. As to the divisiveness of the field, he said, "We didn't realize that there were so many experts all of whom feel the others are insane." (Coming Face to Face with the Impersonal Numbers Game. A Conversation with the Late Daniel Ringelheim,

1978, p. 65).

Research in Perceptual Motor Areas

As late as the early sixties, there were probably no public school programs for learning disabled students. By 1966, the Bureau of Education for the Handicapped was established to administer federally funded programs. Because of the comparative "youth" of the SLD field, many of the early leaders or pioneers are still actively working with children.

A brief overview of the field shows that many of these early leaders who worked with children were interested in the motor and perceptual areas. Bender, Frostig, Wepman, and Cruickshank pioneered the field of perceptual deficits. Kephart believed all behavior is basically motor, Doman and Delecato stressed a theory of neurological organization and patterning, Barsch called his theory of movement efficiency-movigenics, and Cratty spoke of the relationship between motor output (quantitative and qualitiative) and certain classroom tasks. Fernald used a visual, auditory, kinesthetic and tactile (VAKT) approach. Gearheart (1973) presents a thorough coverage of these multidisciplined approaches to this enormous subject. He finds that tremendous changes and progress have taken place since the sixties are due to these pioneers and also to the legislative changes on behalf of

the handicapped. L. Cohen (1969) finds that sensory information coming to a person prior or during the performance of a motor act will not be accurate and will not accomplish the desired results if the child has postural stresses. Continued sitting in awkward positions or at the wrong sized desk might cause certain postural stresses which can become postural deformities which in turn could strain his total perception of spacial orientation. Teachers should try to eliminate the causes of this physiological stress in order to aid performance. Wright (1969) finds sensorimotor stimulation during the first two years of life has a crucial and facilitating effect on all forms of development.

Pyfer and Alley (1978) report that at a perceptual-motor clinic of the University of Kansas over two hundred SLD children between 42 and 185 months of age demonstrated normal perceptual-motor development and maintained their gains after progressing through a developmentally sequenced therapeutic program.

Dysfunction in the speech related parts of the brain results in motor dysfunctions that disrupt internal speech involving self commands and subvocalization according to research by Tarnopol and Tarnopol (1979). This may affect the child's ability to learn reading, writing, spelling, and arithmetic, especially if the child is just learning these skills.

The mechanisms which utilize motor-sensory feedback are in operation throughout life (Hein, 1969) for the maintainance as well as the acquisition of spacially guided behavior. If experience provides the opportunity to correlate movement with the visual feedback, the child should develop normal visual-motor coordination. If this feedback is independent of self produced movements, this coordination cannot develop.

In a similar finding, changes in the environment need to be tied to an infant's actions is the conclusion reached following an experiment with infants in an orphanage in Tehran by J. McVicker Hunt (Pines, 1979). Plastic bracelets on the infant's wrists were connected to a switch that turned on speakers or triggered mobiles whenever the child moved. These youngsters sat up and also stood at much earlier ages than the other youngsters in the study.

Denhoff in Motor Development as a Function of Perception (1969) states that current information is based more on speculation than on documentation. The motor bases for perceptual development are said to be posture, direction and laterality, and awareness of the position of the body in space. Deprivation will distort or delay normal perceptual behavior. Denhoff tenders three examples of this distortion. First, Zulus who live in round houses cannot perceive straight lines as well as other peoples who live in squared houses. Second,children from low socioeconomic cultures perceive a

quarter as larger than children belonging to the middle class. Third, children drawing Santa ten days before Christmas will draw him larger than they ordinarily would. Denhoff also states that he finds mixed laterality occurs in 25 percent of all six and seven year old children which often persists up through the twelfth year. Since he also found many clumsy children, he questions, under the circumstances, why an entire rehabilitation program should be built around this issue of mixed laterality. However, by exception, anoxia victims often show minimal deficits in sensory intake systems and motor output systems in the first nine months after birth, but later, between the ages of 10 and 36 months, show impaired gait and growth coordination, and fear of heights. Denhoff states things will not get better by themselves. So these anoxia victims need help early. Early development programs must concentrate on the ability of the child to manage his own position in space and to use hand-eye coordination.

Research Related to Education

Most educational research has centered on early childhood with little being written about adolescence. Meier (1976) noted what he calls the most revealing and pernicious indicator of the scope of this age group's problems to be the school dropout rate. He reasons a school dropout might become depressed and then turn to socially deviant occupations

to pass the time. Meier states the widely recognized calculation that 90% of delinquent youth possess one or more SLD conditions. Morgan (1979) warns that handicapping conditions should be considered complicating rather than causal factors of delinquency. In a study of national correctional institutions, Morgan found that 42.4 percent of the delinquent children committed to these institutions were found to have some handicapping conditions as compared to the 12.3 percent national incidence of handicapped children.

SLD children are handicapped in learning under regular classroom conditions. Dykman, Wallis, Ackerman and Peters (1967) state that the average SLD child can handle only 4 or 5 bits of information per second as compared to the average child's ability to handle 8 to 10 bits per second. Therefore, within a few seconds the SLD child will have difficulty in understanding the teacher. Dykman et al urged the teacher to transmit key messages at one-half normal speech speed. In keeping with this finding, regular teachers in a Dade County, Florida study (1975) found that many SLD students were not able to keep up in regular classes. In Sanders and Stokes (1979), high risk children lost twice as much information when paraphrasing than the normal group studied. These children were found to add more irrelevant information,

experienced trouble sequencing events and required more trials to learn from verbal demonstrations than the normal group. The conclusion reached was that there was a definite need for language remediation during pre-school years for high risk children. Meier (1969) characterizes these communication disorders by saying garbled input will result in garbled output. He recommends parents and teachers stress remediation in sequential abilities. McKnight (1979) experienced success teaching students who had difficulty linking visual symbols to sounds to hand signal the alphabet. This manipulative technique used by the deaf helped the children's reading skills and in addition enhanced their self image because they knew how to do something most other youngsters did not.

Mental ability was a factor, but limited verbal ability was a much more important factor found by Nardo (1976) to be a cause of reading disabilities. Auditory discrimination problems were highly prevalent. A high emphasis on language and thought processes was recommended.

Play and social skills can be provided in a natural setting for remediation of language, visual and auditory perception, short attention span, hyperactivity, and distractibility. However, SLD children will need special help in learning the social skills (E. Irwin and Frank, 1977).

Such common art activities as macrame and embroidery were used to promote improvement of visual perception in a study by Wood (1977).

A child may suffer from the effects of language disability in all aspects of his life. (J. Irwin and Marge, 1972). His overall learning capacity may be hindered, he may experience academic retardation in classrooms which place a great deal of value on the use of language, or he may develop problems in emotional and social adjustment as the result of daily failure and frustration.

With research into the symptoms and signs of the at risk child or baby, many educators are focusing their attentions on the very young child and researchers must find a name or label for the subject of their research. Smith and Polloway (1979) find that in attempting to fashion a label and a category out of a composite of individual children, one runs into built-in problems stemming from the great degree of intra-individual variation and the overlapping of categories.

Chalfant and Scheffelin (1969) were surprised to note that on review of the literature on remediation the educational objectives were not clear as to the purpose. Pointing out the two general purposes of remediation efforts are ameliorating a psychological deficit and training toward a

special skill, Chalfant and Scheffelin question the dichotomy and say in actual practice the teacher is confronted with both assets and deficits and must deal with both during remediation. They maintain that studies of SLD have not been successful due to the focussing of research on a small number of discrete variables while omitting other potentially significant variables. The authors suggest that rather than the traditional group studies, several longitudinal studies of a single child where N = 1 will be useful. These could later be compiled and compared to find the interrelationships of the variables.

In a 1976 study of disabled readers, between 2 and 10 percent of the total can be called true dyslexics, do not show any classic neurological signs, come from middle or upper class homes and have been culturally advantaged. Yahraes and Prestwich (1976) also reviewed experiments by Hallgren in Sweden in which no evidence of illness or neglect could be found for 88% of the subjects. The conclusion reached in the Swedish experiment was that dyslexia followed a dominant mode of inheritence. Yahraes objects to the term minimal brain dysfunction in diagnosis of SLD youngsters on the ground that this term sometimes misleads parents to believing the outlook is less than hopeful because the brain has been damaged. Stating that reading problems can

be in themselves a source of emotional distress because the child could be ridiculed, bullied or cajoled to learn what he cannot. There is promising evidence, the authors find, that if training programs are instituted early enough, the eye, hand, and brain can be coordinated to prevent the development of an actual learning disability.

In a study of how children learn to read, inefficient visual processing was found in 10% of all the fourth and fifth graders (regular classes) tested by Dunn-Rankin (1978). These inefficient processors were also below average readers. Dunn-Rankin notes that usually somewhere between second and fourth grade most students begin guessing what words are from the context and start using phonetic cues to help them guess the word. These changes will occur about a year or so later in lower socioeconomic group students. Adults find this sounding out process too slow and rely on the word in context, the fist letter, and the graphic length for clues. In this study of how the visual system deals with the symbols encountered in the process of readings, Dunn-Rankin notes that familiar stimuli are perceived and processed in a parallel or linear fashion.

Environmental Studies

Wunderlich (1977) believes that science will soon discover the vast importance of allergy and allergy-like

disorders as a prominent variable underlying many states of human dysfunction. He cites what he calls the BAD syndrome (blonde, allergic, boys). However, allergy is only one of the variables in SLD, he states, with hypoglycemia frequently being encountered in poorly functioning school children. Concern is also noted about the role of subtoxic levels of lead and the copper elevation found in hyperactive and SLD children.

A potential source of valuable information is not being utilized by the physician according to O Kolo, Bartlett, and Shaw (1978). They found a lack of teacher referral, school hours monitoring and communication between the doctor prescribing medication and the teacher who sees the hyperactive child at least five days per week.

Research relating to the causal factors involved in intelligence and learning has increased over the past decade. Low income, poor health, child care, cultural atmosphere, style of play, depressed motivation, particular value systems and deficient educational settings and instruction are negative causal factors listed by Birch and Grotberg (1971) for depressed levels of intellect and elevated rates of school failure. Nutrition is listed as the most ubiquitous factor affecting growth, health, and development resulting in stunting, low resistance to disease, apathy and general

behavioral unresponsiveness. The authors construct a chain of consequences starting with malnutrition of the mother as a child, her stunting, her reduced efficiency as a reproducer, the intrauterine and perinatal risk to the child and finally, to the child's subsequent reduction in functional capacity. The needs of the last trimester may outstrip the maternal supplies, affecting the growth and development of the central nervous system of the child. Absence of data about such knowledge, say Birch and Grotberg must not be taken as the absence of the problem, but rather the lack of attention which has been devoted to it.

Smith and Wilborn (1977) have related various problem areas in the child's history to specific problems that develop later. They found a relationship of speech problems to blood incompatibility, induced labor, post maturity and hand-eye dominance. Reading difficulties were correlated with problems during pregnancy, hand-eye dominance, type of birth and induced labor. Visual perception problems were related to hand-eye dominance, blood incompatibility, type of birth and problems during pregnancy, Impaired language development was linked to cyanosis, low birth weight, adoption, and type of birth. Auditory memory difficulties were related to rapid delivery, prolonged labor, cyanosis and type of birth. Auditory discrimination difficulties

were related to when the child began to talk, post maturity, blood incompatibility and induced labor. Poor visual memory was correlated to hand-eye dominance, when the child talked, rapid delivery and blood incompatibility. And last, visual-motor disturbances were related to prematurity, convulsions, hand-eye dominance and toxemia of pregnancy. An educator interested in the "at risk" child might use these correlations to advantage in planning a preventive as well as a remedial curriculum.

Five general categories of environmental causes of SLD are listed by Mayron (1978). They are chronic anxiety, malnutrition, toxicity, allergy and electromagnetic radiation or technical pollution. An experiment with Florida children involving fluorescent lighting showed a decrease in hyperactivity in the youngsters subjected to full spectrum and shielded lights as compared to the youngsters under the cool-white bulbs common in most classrooms. Achievement was favorably influenced and dental cavities reduced. Mayron suggests that electromagnetic radiation in the radio frequency wave length is implicated as a cause of hyperactivity.

The more minor physical anomalies seen, the more severe the SLD according to Von Hilsheimer and Kurko (1979). Among these minor signs are facial asymetry, two or more hair whorls with fine electric hair, ears set low, tear

ducts set too close or covered with skin, a high arched or steepled palate, geographical tongue, irregular crowded or malformed teeth, index finger as long or longer than the ring finger, a single palmer crease, aged appearance of hand back, more than a centimeter gap between the great and second toe, second toe longer than great toe and the third toe being longer than the second, third or fourth. Since the youngsters in this study were from upper middle class families, it was concluded that some stressful factors were at least as severe as those in lower income families. Because of this, the conclusion was found to be unarguable that learning disabilities' roots are in the profound biochemical process and are not a social phenomena. Therefore research should be directed to the biological roots of the MPAs say Hilsheimer and Kurko.

Rapp (1978) states that fifteen to twenty percent of the population has respiratory or cutaneous allergies with an allergic incidence of seventy percent in hyperactive children. On an avoidance diet of foods to which they were sensitive, decreased activity persisted for at least twelve weeks in 11 of the 17 children. Other chronic symptoms such as gastrointestinal discomfort, headaches and muscle aches were moderately improved in 15 of the 23 patients

after one week on the experimental diet. Causes of allergies were found to be wheat, cocoa, milk, egg, corn sugar and artificial colors and dyes. Rapp (1979) suggests that teachers learn to observe if there is an alteration of behavior or levels of activity after snacks, lunch, school parties or exposure to such odors as paint, perfume or chemicals.

Originally, the main concern of Feingold (1975) was to alleviate complaints suggestive of allergic reactions. Later, it was noted that the elemination diet seemed to change the behavioral patterns of hyperkinesis-learning disabled (H-LD) children. Symptoms of H-LD are marked hyperactivity and fidgetness, compulsive aggression, excitable-impulsive behavior, low tolerance for failure and frustration, short attention span and being unable to concentrate, exceptionally clumsiness and exhibiting poor sleep habits. He notes that almost a hundred different, but often similar, symptoms have been listed in medical journals. Feingold believes that a genetically predisposed group of H-LDs suffer adverse reactions triggered by one or more chemicals contained in synthetic flavorings and colorings. It follows, he states, that children who do not inherit the variation do not react to the chemicals. The Feingold diet avoids salicylates in foods and drugs as well as all foods and drugs that are

artificially dyed and flavored.

Sieban (1977) worries about the direction that Feingold's work is carrying him, that of orthomolecular medicine and carbohydrate intolerance and criticizes Feingold's findings as being unsubstantiated and relying on anectdotal cases. Powers (1977) points to the flurry of efforts to substantiate Feingold, particularly to the Wacker Foundation's findings in favor of Feingold in 1977.

Two kinds of nutritional problems trigger behavior disorders according to Adler (1978). They are allergies and deficits with the allergic reaction being manifested differently in different children. Nutritional therapy should be considered along with other programs, such as behavior modification or psychopharmacological treatment, he notes.

Crook (1980) uses an elimination diet that avoids corn sugar, milk, wheat, and food colors and dyes. If an individual avoids these foods from four to fourteen days, exaggerated symptoms of sensitivity will show up on contact. If a food has been avoided for three or more weeks, the individual will regain tolerance and lose some sensitivity with no reaction occuring. He claims other testers of the Feingold theory failed to give the children enough food colors or dyes in giving them only one-third or one-fifth the

quantity typical children consume in a day.

Frank and Levinson (1977) found a positive therapeutic response in one-third of their patients with dysmetric dyslexia and dyspraxia after using one or more of a series of drugs for motion sickness. Some patients achieved the ability to track, experienced decreased blurring, no longer left out words, and improved in memory, mathematics, grammar, word recall and usage and of the state of consciousness.

Hyperactivity is the single most common behavioral disorder seen by child psychologists. The current emphasis is on drug management. Brown (1978) cautions that stimulant drugs used for the treatment of hyperactivity are detrimental to the cognitive performance of some school related tasks.

Gates (1967) found an elementary neurologically-handicapped hyperactive group of children to be deficient in the visual modality while the hypoactive group demonstrated strength in this modality. Both groups were equally deficient in the developmental level of concept formation with no relationship found between IQ and the developmental level.

The difficulties in evaluating hyperactive, autistic, retarded or palsied children has been overcome by a method of evaluation called neurometrics described by Dr. Kaye of the Brain Research Laboratory of New York University (Riley, 1980). This technique extracts quantitative diagnostic

features from the EEG, cortical sensory evoked responses and brain stem responses. It can show the clear distinction of problems of primary neurological versus those of psychological origins. A high incidence of abnormal neurological findings were noted in a large number of SLD children.

Parents in Literature

Simply extending rights to parents as partners in the IEP by law does not ensure a high level of interaction between parents and educators (Strickland, Turnbull, Goldstein, 1978). The differences in training and background of the parents are critical factors found by Dworkin and Dworkin (1978). Those persons included by law may not have the tools with which to place diagnostic data into perspective. The Dworkins believe that encouraging direct participation in program development and strategy by the parents increases the committment of parents and leads to the sharing of observations.

Helsel (1978) notes that parents complain that there is a great deal of arrogance, intellectual snobbery and superiority among professionals with the ensuing viewpoint that parents have nothing valuable to add to the IEP. Bricklin (1970) states that some professionals believe that since it took them so long to achieve their training, it is unlikely that others less trained (i.e., parents) could contribute

anything of importance to the helping process. Shultz (1978) in noting that some professionals humiliate and denigrate parents cites as an example a major speaker, at a program she had attended, extended the recommendation for a book as being a valuable source of information for parents of retarded children because it was written on an eighth grade reading level. She decries the attitudes of unerring wisdom and know everything on the part of the professor, the physician and the other professionals. Parents, she found, don't believe teachers know of or understand their heartaches and problems.

Rodabaugh (1976) in a study of special programs for children with SLD in 15 states found parents showed a disinclination to attend meetings and parent training sessions. Part of this appeared to be attributable to the barriers between the school and home which existed before the project began.

There is a need for systematically training parents to fulfil their roles and responsibilities, but first it will be necessary to train professionals in how to involve parents as full partners (Goldstein, Strickland, Turnbull, and Curry, 1980). Baron (1968) reasons that since the parent has a deeper emotional investment in the child than anyone else, this involvement can be utilized to bring about a change in

the parent.

Friedman (1978) states that families can be tutored in ways to help their child successfully because children do what their parents expect them to do. The program described would allow a practical link to be established between home and school. The parent is warned to be careful of the message that is being put across to the child. The parent's message is often "try" which is not the same message as "do". Friedman feels that this lets the child off the hook. It tells the child he doesn't have to do it, he just has to try to do it.

Drash (1976), found that on completion of a course for teaching behavior modification techniques to a group of parents that disturbed behavior of the children fell from 99% to 77% and hyperactivity and distractibility fell from 99% to 58%. Early intervention and prevention is stressed rather than delaying training of the child until only minimal results can be expected. He questions the use of medication for these children claiming it is a means of bringing relief to the parent rather than concentrating on training the child.

Full participation in educational planning is a new experience for the parent and the child. Some parents feel that the child should not know what has been found out about him by the diagnosis. Byrnes (1978) disagrees, but feels

that some parents are trying to save the child from the pain of that knowledge and that many parents need time to adjust to their own new found knowledge and need to be able to consider the results before discussing them with the child.

Some parents have reached the point of rejecting "tokenism" and are asking for a real partnership in the schools by working toward the common goal of helping the child says S. Cohen in Parents As Partners, 1975. The home-school partnership does not imply that teachers should work with every parent. There are some parents who are not able to participate in such a relationship. It also does not imply that the teachers should relinquish their authority to make educational decisions says Cohen (1975) in How Parents Can Help.

Jones (1973) finds that advice giving to parents without concomitant demonstrations in return has not been effective and often results in the parent becoming too dependent upon the child's psychotherapist and/or teacher. This study found parent education groups, family demonstration therapies and family counseling conferences to be the three necessary components of a successful program to involve parents in the schooling of the child.

Literature Relating to PL 94-142

The form of the Individualized Education Program (IEP)

is the documentation of the process (Gloeckler, 1978) which, in turn, reflects the legislation designed to establish effective programs for children. The completion of the multiple forms requires much of the school personnel's time. Price and L. Goodman (1980) found the average SLD teacher spent 3-1/4 hours per child on IEP activities. They express a concern that this time which must be spent makes inroads on the teacher's personal time and allows less time for direct instruction of the children. Some, but by no means all, of the teachers are allowed release time to effect record keeping chores. Price and Goodman would like to see the IEP forms become more streamlined and ask the psychologists to write their reports from an educationally relevant standpoint.

The discrepancy definition of SLD comes under attack by S. Goodman (1979) who, maintains that there is a 10 to 50 percent variance in common on tests to measure intellectual achievement and intelligence. Many children will perform poorly on both with the result no discrepancy will be shown which could affect placement. Blatt and Garfunkel (1973) call for research exploration of the components of the IQ and that of academic success. It is possible, they say, that the process variables affect the IQ in the same way they affect academic success so that the predictive efficiency

of the IQ is due more or less to indirect measurement of process.

Only 49% of SLD students passed the communication subtest and 17% the mathematics subtest of the Florida Minimal Competency Examination in 1977. Saper (1980) concludes that states using this type of test as a part of graduation requirements will bring serious consequences for the handicapped when they enter the job market without diplomas.

The percentage of blacks in the MR programs has been falling while at the same time the percentage of blacks in the SLD programs rose 44% between 1970 and 1977. Tucker (1980) attributes this change as a consequence of civil rights and ethnic group agitation which emphasized the moral ills of inappropriate placement of minority students in MR programs.

Samuel Kirk (Arena, 1978) stresses that there is a need to differeniate between children with learning disabilities and those with learning difficulties. The personnel needed to remediate the severely handicapped can handle no more than 5 or 6 per day as compared to a learning consultant who can help 20 to 30 less handicapped in a day.

There is a difference among the states as to the populations being served by programs covered by PL 94-142.

In Michigan, the full opportunities goal for handicapped people is from age 0 to 25. Some states set the programs to include children from 5 to 18 years of age. (Pipes, 1978). Florida law provides for children from 4 to 18 with pre-school programs and programs for 18 to 21 year olds permissable, but not mandatory. In 1976, 21.6 percent of the children in Florida lived below the poverty level as compared to the national figure of 17.8 percent. (The State of the States: Coordinating Services for Children and Families, 1977). Because this percentage was high, it might well be expected that there will be a higher percentage of youngsters at risk and in special education classes in Florida.

Martin (1980) lists twenty things a parent should look for in an IEP. If the parent leaves the IEP meeting unsure of what the program will be, chances are, that the school personnel are also unclear about what will happen. These twenty areas questioned cover alternate placement, classes missed, related services, classroom aides, time schedules, summer services and other areas in addition to the usual information required by law.

Cronin (1976) cites ways in which the amount of federal legislation has increased disproportionate to the federal dollars received. These programs require considerable

documentation and formal evaluation. The Buckley Amendment also added new procedures for keeping student records. The result, Cronin says, is the educational systems fret about the additional paperwork while graciously accepting the extra income.

Burrello and Sage (1979) suggest that it is time to put away the approaches that served the first revolution (the passage of PL 94-142) and become more subtle and sophisticated and less aggressive or the rest of the educational community will join forces against special education, The second revolution should be one of quiet reflection and consolidation of gains with a committment to excel. Service should be developed for all children with special needs. A deliberate attempt shoud be made to train and involve parents to be more effective partners of education. A supportive service staff should be developed to provide a continuum service and regular and special education personnel should share jointly with each other for problem solving, they conclude.

Martin (1979) states that the same laws that guarantee rights for children also provides rights for special educators. Among the rights he lists are the right to work with trained regular classroom instructional personnel, to be provided with adequate resources, to have students adequately diagnosed and

to receive the assistance of parents complementing the school program at home.

Summary of Literature

There is promise that research into causes of SLD will yield results that can be used to eliminate or at least minimize the effects on the child. Earlier identification of "at risk" children perhaps even as early as newborn will lessen the number of future SLD students. However, if these "at risk" identifications are not followed up with adequate remediation, the advantage will be lost. There are few, if any, programs for infants that the average pediatrician could turn to at present for prevention of future problems or remediation of existing problems.

Tests for the effects of environmental pollution, allergic reations, subtle neurological are not routinely performed on youngsters with the result that youngsters enter school and begin to do poorly. Parents, teachers, and physicians must be alerted to early signs.

Parents have been shown to be significant factors in successful schooling and should be encouraged to be partners with the school. Programs that have encouraged educating the parents to help the child have been successful.

There is a concensus in the literature that the perfect

program for educating the SLD child is not yet at hand. There will have to be a more eclectic approach coupled with a closer cooperation between the various interested professions to pool the results. At present, there is little interchange of information. There is a need for collating all information from studies to identify the component factors of SLD more accurately.

Chapter 3

Anticipated Outcomes and Instruments

The goal of this practicum was to provide parents with some form of written communication that would enable them to gain a basic understanding of SLD and of the rights afforded them by Public Law 94-142. The material was to be presented in easily understandable language and be of a length that would not discourage reading by the average parent. The written material was to provide the basic concepts of the subject after which the specifics of the child's problem could be later added by the child's teacher.

The purpose of the practicum was twofold:

1. To create a learning packet that would increase the parents' knowledge of SLD,
2. To increase the parents' awareness of their own rights and those of their children.

Upon distribution of the material, eighty percent of the parents were to state that the material had succeeded in providing them with this understanding.

The objectives were measured by surveys sent to each of the readers of the material. (Appendices B, C, D and E) An eighty percent return rate and an eighty percent agreement that the information was indeed helpful were the criteria for judging success of the project.

Chapter 4

Solution Strategy

There have been many stop gap solutions to the problem of finding a way to disseminate information to parents. The method used most often by the teachers in the poll has been to try to explain learning disabilities at an IEP conference. At the middle and high school levels, it is entirely possible for six or eight persons to attend the conference in its entirety or a portion thereof. With all these persons taking part in the discussions, the IEP conference is not at all the best vehicle to present a parent with a new and sometimes difficult concept.

The after school conference is of extremely limited use because so many parents work and are unable to attend late afternoon meetings. Even parents who have small children at home find this is a difficult time because it interferes with the younger child's nap time. If the younger child is brought to the meeting, it is difficult for the parent to concentrate both on the child and the discussion at the same time.

Seminars take a great deal of preparation time and require a sizeable audience to make them worthwhile projects. One teacher who had tried this method found the attendance too limited. The population of students in the programs is

not constant. Some enter or leave the program, or transfer to different schools at all times of the year. It would take several seminars a year offered at different times of the day or week to reach all parents.

Newsletters were tried at the middle school during the previous year. The brief nature of this type of communication is its main drawback. Here too, as additional children enter a program, basic material would have to be repeated which is not in keeping with the "news" concept.

A packet of material that can be read at leisure by the parent some time before the IEP conference was chosen as the best method of presenting the subject matter. It also has the added attraction of ensuring that time at the conference will be better utilized due to the better background preparation of the parent. The projected impression that the material is in a semi-rough draft stage and can be added to at anytime was retained because it encouraged parents to add their opinions and to suggest new topics for inclusion. The question and answer format using the pronouns "you" was chosen to encourage this participation by the parents as well as to present a more personal, less formal approach. The fact that this material will not be a suitable method for reaching parents with limited reading skills was not considered a deterrent to its use, as these parents

will be in need of someone to cover the material with them verbally. The review of literature which covered studies on the importance of parent cooperation and parents being contributing factors to the success of the programs also added fuel to the argument for a dialogue-type format which would encourage participation.

A rough draft of the material was first distributed to five educators to determine whether the information was correct, pertinent, clear, and whether it met the objectives. The material was then revised and distributed to one SLD teacher at each of the three "feeder" elementary schools and the three high schools. Each teacher was to distribute the material to five students for their parents opinions and reactions. All these teachers were also asked to comment on the material. In addition, the material was distributed to ten parents of the middle school students and to five parents who belonged to organizations for parents of SLD children. Each participant was provided with a survey sheet which asked whether the participant believed the materials had met the goals and for their additional comments. Comments were encouraged by always referring to the material as being in the rough draft state.

The results of the survey were tabulated

and the suggestions were incorporated into the third draft of the material.

Teachers were asked to list, if possible, the phone numbers of the students who had not returned the cover sheets after a reasonable time. In one school, the principal was hesitant about distributing unauthorized material to parents. After he obtained permission, the teacher was able to supply five names and phone numbers. The material was sent to the homes of four parents who agreed to read the material and be interviewed by phone. The fifth parent could not be contacted, because the phone had been disconnected.

Eleven survey sheets were not returned to the other six schools. Six of these parents could not be contacted, because the teachers did not identify the persons or there were no phone numbers given. Five parents were contacted by phone. They were asked if they wished to discuss the material over the phone and they agreed. Eighty-two percent of the original thirty-nine parents participated.

Chapter 5

Results, Conclusions, and Recommendations

The rough draft copies were distributed to and read by fifty-four persons. The first draft copies were sent to a reading teacher, a speech and language specialist, a school psychologist, a guidance counsellor and a SLD program monitor. The comments received from this group were largely editorial in nature. All five believed the paper met the requirements, i.e., the paper would help the average parent understand SLD and rights of parents. As the results of their comments, several sections including the one on rights were expanded and some vocabulary changes were made in the second draft.

The second draft was distributed to five members of organizations for parents of the learning disabled. All five agreed that the paper met the requirements. One added editorial comments and two made a plea for expressing more optimism about the child's future. One parent wrote, "We put a great emphasis on academic performance in our society today. There is no doubt that success in school can be related to later life performance; however, it is important to both parents and children to realize there are other ways that children can succeed and be worthwhile, and that many people have led full and satisfying lives despite what first

seems an overwhelming problem." Another wrote, "Don't you believe it would be appropriate to add a final sentence stating that many adults have overcome their problems one way or another and are living successful lives? We parents need this word of encouragement." It was decided to add the first quotation to the third draft of the paper.

Of the five SLD teachers who reviewed the paper, one commented that academic training is stressed in the middle and high schools to the almost complete exclusion of perceptual-motor training. In her experience in working with young children and older adolescents, she noted that each growth spurt was accompanied by a disturbance in visual perception with each successive growth spurt affecting the perceptual area to a lesser degree. She recommended a program of perceptual-motor training to be instituted during the growth periods at all levels of schooling.

Another teacher wrote:

> "I think the handout is very well done. However, "my" parents tend to sign their kids into special ed. so they can get the help they need. But, they don't care for the specifics or even what I do once I get the child--I usually don't hear from the parent again until review time comes up, no matter how many things I send home. Most phone calls are not returned."

None of this teacher's children brought back the survey sheet and it was possible to contact only one parent by phone. This teacher teaches in an economically depressed area. However, frustrated this teacher is with the parent response, she does like her job and inspires her students. Several of the middle school students still in SLD classes remember her as the best teacher they ever had and express their love and concern for her. All five teachers stated that they believed the handout met its objectives.

The second draft was distributed to thirty-nine parents representing three high schools, one middle school, and three elementary school students. Nineteen percent (7) parents did not reply. Twenty-three parents replied via the survey sheet and nine were contacted by phone making the total parental participation 80%. (Appendix F)

The magnitude and breadth of the comments was unanticipated. The written remarks ranged from a two word comment to a lengthy 326, averaging 60 words with a median of 46. The phone calls averaged twenty-two minutes, ranging from two minutes to forty minutes in length. All these parents (100%) stated the material on SLD had helped them understand SLD better and 95% believed it had helped them understand their rights. Two parents (5%) wanted more information in the rights section.

The children of these parents had been in SLD programs

an average of two and one-half years as shown by the scattergram in Figure 1.

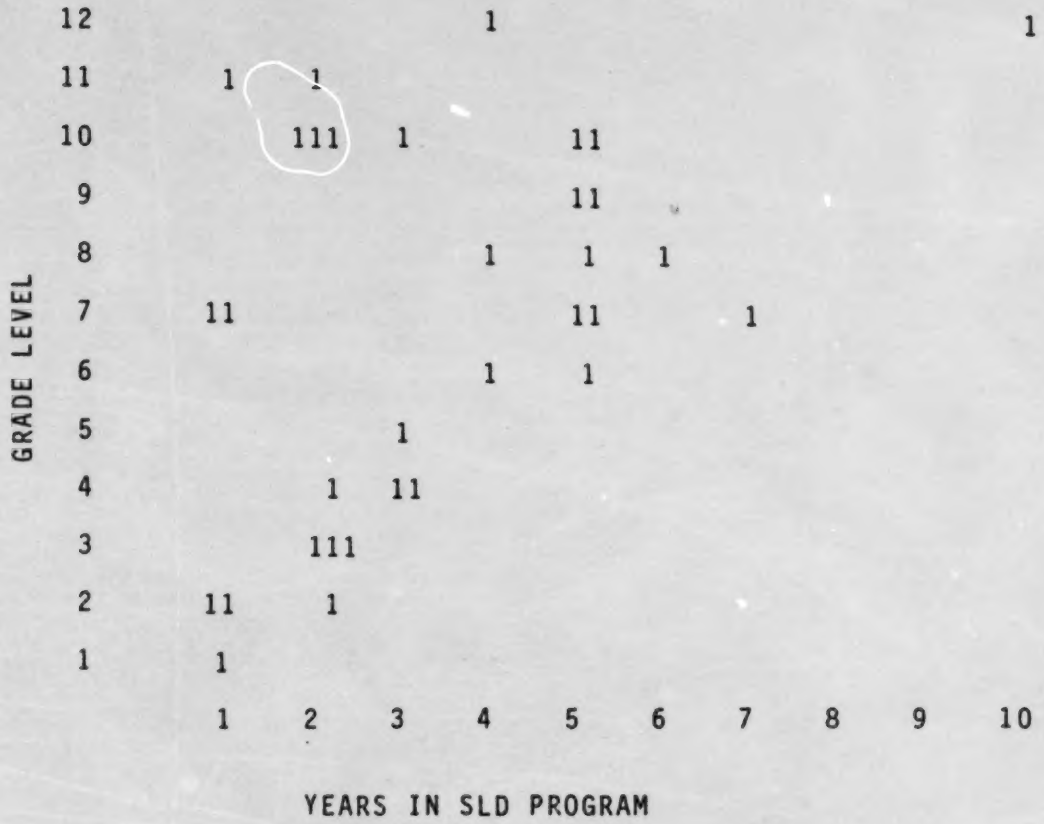

Figure 1. The relationship between grade level attained in school and number of years in SLD program for children of participants.

Forty percent of the parents used the survey to praise the teachers and the program at the school the child was attending. Several of the parents wrote that the program was a life saver for the child and had turned the child around.

Twenty-three percent of the parents used the commentary section for a discussion of the child's specific problems. Fifteen of the parents (39%) noted that the paper had helped them to understand their child's problem better. Several wished they had seen the material earlier.

The frustration of getting the child identified as SLD and placed in special classes was mentioned by 18%. One parent noted it was necessary to get an independent evaluation before the child was placed. The parents wrote and spoke of the need for earlier identification. There was a feeling that although the programs were adequate after the child was placed, earlier identification would have produced optimal results.

For 25%, the paper raised further questions. One father noted he didn't like to bother the school, several requested more informational handouts from the school, and four parents said they were in need of help in coping with and understanding the child at home.

The comments on the parental rights (15%) could be

summed up by saying that most of these parents found the information to be good to know. Several of these parents said if they wished to know more, they would ask.

In one phone interview the parent expressed the frustration which she had experienced at the placement conference. The person telling her the results of the testing went on and one, she said, until she was totally confused. Later, that evening, she was unable to tell her husband what the child's problem was and could say only that the child was to be placed inSLD classes. This parent recommended that the paper should be given to parents prior to the placement conference.

Many of the teachers and parents passed the material along to others to read. One parent wanted parents and friends to read it to help them understand the child better. Two parents noted that the information made them realize the fathers of the children had also been SLD.

The material had been very well received which strengthened the previous viewpoint that there is a definite need for printed material covering the subject matter in a general way to be distributed to parents. If this material were givento parents prior to the IEP conferences, the parents would have a uniform informational base on which the specifics of the child's problems could be added.

One teacher had requested that copies of the material be sent to her early so that she could pass them out to parents who were scheduled for IEP reviews. Since she didn't report any results, it was presumed that those parents indicated they would not attend the review. It was possible to distribute the material to only one parent who later atended a review at the middle school level. Other teachers indicated that most students are placed before the first of the year and because of the early placement, most annual reviews are held early in the year also. In light of this, no information was obtained concerning parental response at the IEP conference following distribution of the material.

The one clear result of distribution of the handout must be the conclusion that parents of SLD students are not apathetic. Other reasons for their poor attendance at reviews should be sought out and acted upon. These parents show a tremendous concern for the child, a frustration at not being able to know enough about the child's problems to be able to understand and help better. They advocate earlier identification, yet, they express thanks, that the children are finally in what they consider to be good programs.

Plans to distribute the paper at present are limited to the middle school and any other school which requests it.

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APPENDIX A

TEACHER QUESTIONNAIRE

APPENDIX E

To: SLD teacher,

From: Kathryn Mire

Subject: SLD hand-out for Parents

The purpose of this hand-out is to present an overview of learning disabilities in a general way to the average parent. In addition, it will inform them of their rights as parents of exceptional students. It should be easily read and of a length that will not discourage reading.

Does this paper fulfill its purpose? If not, in what way does it not?

Is there some subject that also should have been included?

Should some subject or section be deleted?

Does it seem to fulfill the needs of your parent group?

Comments?

APPENDIX F

SUBJECT MATTER OF PARENT'S COMMENTS

COMMENTS	TOTAL
No comment	8
Praise program or teacher	16
Mention of child's problem	9
Father SLD	2
Child should not attend meetings	1
Mention of famous SLD persons	1
Cover letter true	1
Rights adequate or good to know	6
Needed private testing to get child in SLD	1
Need for earlier ID	4
Other difficulties in getting child placed	2
Want more handouts or communications	3
Rights ,need additional information	2
Doesn't like to bother school with questions	1
Paper raised more questions	4
Paper leads to better understanding or perspective	15
Could have used handout earlier	2
Needed time to assimilate information at placement	1
Desire reading list	3
Easy reading, to the point	2

APPENDIX G

To the Parent's of SLD Students,

These two booklets, "A Parent's Introduction to SLD", and "Parent's Rights: A Guide to the IEP Conference", are offered to you to help in your understanding of SLD and of your rights as a parent of an exceptional student.

The booklets will be revised and enlarged periodically to reflect your individual concerns and questions, so please fill out the comment sheets and return them. Parents that have read the booklets have been most generous with their comments and suggestions. Thank you all for your help.

Cordially,

Kathryn Mire,
SLD Teacher

A WORD FROM A PARENT OF AN SLD CHILD

"We put great emphasis on academic performance in our society today. There is no doubt that success in school can be related to later life performance; however, it is important to both parents and children to realize that there are other ways that children can succeed and be worthwhile, and that many people have led full and satisfying lives despite what at first seems to be an overwhelming problem."

Penelope Hand
(Former President of the
Broward Chapter of ACLD)

Dear Parent,

You were unprepared and shocked and perhaps felt a touch of disappointment when this bright youngster of yours began to fall behind in reading or math in first grade. The teacher probably cautioned you to be patient, saying that some youngsters matured more slowly than others. The child was not learning as readily as the other children and was in what you knew to be the lowest reading group.

The teacher recommended, and you agreed, that an extra year in the first grade would be all that was necessary for him to catch up. But, the next year showed little improvement and you began to take him to various doctors to find the cause of the trouble. The doctor may also have recommended a wait and see attitude.

Perhaps, your youngster fell farther and farther behind in school, limping along doing just well enough to pass each successive year. You knew he was capable of much better work. After many fruitless parent-teacher conferences, one teacher may have suggested that an evaluation by the school psychologist might unearth the source of the problem. You signed the papers vaguely uneasy about your child undergoing a psychological examination.

After a short time had passed, you were called by the school

guidance counselor. Your child probably qualified for placement in the Specific Learning Disabilities (SLD) classes. What did that mean or imply? What was the problem? Had you neglected some aspect of care to cause it? Could that fall down the steps when the child was two years old have caused some permanent damage?

SLD is a complicated subject using many terms and descriptive words that are not ordinarily used in every day conversation. The following questions have been asked by many parents of SLD children. Hopefully, the answers may be of interest to you too.

If these questions and answers raise more questions of your own, please ask them of your child's present SLD teacher.

Sincerely,

_____

SLD Teacher

A PARENT'S INTRODUCTION TO SLD

By: Kathryn Mire

A PARENT'S INTRODUCTION TO SLD

What is meant by the term Specific Learning Disabilities?

The National Advisory Committee on Handicapped Children in 1968 used the following definition in their First Annual Report, "Children with specific learning disabilities exhibit a disorder in one or more of the basic physchological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, reading, talking, writing, spelling, or arithmetic....They do not include learning problems which are primarily due to visual, hearing, or motor handicaps, to mental retardation, to emotional disturbance, or environmental disadvantage."

Bear in mind that youngsters usually have a cluster of problems rather than a single one. Keep in mind too, that the disabilities can range from moderate to severe. Each child is different from any other child as to the degree, type, and variety of problems. The classroom teacher and the parent need to understand and treat each child as an individual.

Why are there more boys than girls in SLD classes?

The majority of SLD students are boys. One explanation for this is that the protective covering for certain nerve fibers, the myelin sheath, develops more slowly in boys than in girls. As a consequence, boys are more likely to suffer injuries and

damage to the nervous system until the protective covering is completed during the early school years.

Why does a child have to be labeled SLD to be helped in school? Wouldn't it be better not to label these children?

Unfortunately, it is necessary for a child to qualify for placement in these classes because these classes get extra funding from the state and national governments. Public Law 94-142 was passed by Congress in 1975 in response to lawsuits charging that exceptional students were not being cared for adequately in the public school systems. Because of this funding, it is possible to keep the classes small. The classes are taught by teachers who have chosen to work with special children and are certified by the state to teach special education. Many special materials and services are available due to this funding. The teachers have been trained to remediate the special problems, select classroom materials for individual needs, test, and work with children on an individual basis.

My child has a perceptual handicap. What does this mean?

Perception is a person's impression of an object obtained through the senses. We perceive through many modalities at the same time. For instance, the first time a child comes in contact with a cat he will be learning about it from his senses of sight, sound, touch, smell, and memories of like or different animals. Accidents, diseases, injuries, or slowed development could effect

these neurological system pathways and disturb or distort their functioning. Whatever the cause, all the child's systems will not be affected equally or in the same manner.

How is the learning process affected by these perceptual and other problems?

A child may have difficulty remembering what he or she has heard or seen in class, what the letters look like, or what sounds go with which letter. This is memory. Auditory memory is the ability to remember what we hear. Visual memory applies to sight memory.

A person may forget the order in which events, letters, arithmetic processes, or other things occur. This is called a problem in sequencing.

A youngster might reverse numbers in arithmetic. It is important to remember that reversals are likely to occur in more than one area. Therefore, this same youngster might also reverse letters when writing.

A student may have difficulty picking out and focusing on important details if he cannot separate them from unessential or background details. This is known as a figure ground problem and can be of a visual or auditory nature. A child may have difficulty finding a word on a map that contains too many confusing details. He may not notice whole sections on a work sheet that does not have enough open space around the different sections. He may not find

his shirt in a crowded closet. Another youngster may have an auditory figure ground problem. She may not be able to follow directions because she is unable to pick her teacher's voice out from among the other voices in a busy classroom or she may seem not to notice when someone is speaking to her if there are other interferring sounds.

The child may not perceive or process sensory information in the same manner as most of us do. Some well known examples of faulty perception are tone deafness, color blindness, and depth perception errors. These problems would possibly only affect a child's progress in art, music, or driver education classes and would not by themselves be enough to place a child in SLD classes. Youngsters in SLD classes have perception problems that interfere with their ability to learn.

Association is the ability to make meaningful inferences from what has been seen or heard. A child with this problem may not learn readily from his experience or those of others around him. This is the child that a parent might say must learn from experience. He may not heed warnings of danger. These children do not draw the right conclusions from what they see or hear. This child may have difficulty understanding what has been read.

A youngster may perseverate. Perseveration is a prolonged after effect to stimulation. He may continue repeating a word, a phrase, a number, or a song over and over again. Or, he may continue writing right off the paper. Perhaps he is the child who

continues marching after all his young classmates have gone back to their seats.

A child could have visual or auditory discrimination difficulties. The child may not be able to distinguish the small differences that occur in written and spoken words such as between pin and pen. Or, perhaps she doesn't notice small differences between similar objects or pictures.

What is meant by a motor problem?

Motor in this case refers to one's ability to control the actions of the large (gross) and fine (small) muscles. The ability to throw a football is dependent among other factors on the large muscles of the arm and torso. The ability to write depends on the control of these muscles and also the fine muscles. Fine motor control is achieved after the child has learned control of the large muscles. A visual-motor problem means that a child is having difficulty making his movements or gestures respond to the sensory impressions he is getting through his eyes. An example of this would be the inability to copy correctly on paper what has been seen on the chalkboard. Perhaps, this child would have trouble with attaining legible handwriting or, he may have difficulty cutting or drawing on a line.

Are there any other combination difficulties such as visual-motor that has just been mentioned?

Dual combinations can occur between any of the sensory

systems. Examples could be auditory-motor, auditory-visual, visual-auditory, visual-vocal, and numerous others. If for instance, the problem is auditory-motor, the child may experience difficulty writing down what he hears because he may have trouble shifting from one modality (listening) to another (writing). Sometimes these dual channel difficulties mean that the problem in one channel must be overcome before the deficit in the other can be remediated. Most teachers will teach a child by using methods that take advantage of the child's stronger sensory system. For example, if a child has both an auditory and visual memory problem the teacher might make use of the tactile sense by having the child trace the words with his finger.

What are some examples of an expressive-receptive language difficulty?

Some of our youngsters may seem less mature than non SLD students due to trouble in expressing their thoughts and ideas easily. Or, their prounciation may be unclear or inaccurate. They may not understand (receptive language) without added explanations or they may have difficulty understanding abstract ideas. All SLD children have problems in receptive or expressive language to some degree. However, not all need the services of the speech and language specialist. The speech teacher works in conjunction with the other teachers to remediate any of the language difficulties as well as correcting such problems as faulty articulation and voice placement.

What are the inadequate impulse or regulation problems that could affect an SLD child?

He could be hyperactive, being constantly in motion, never still. Or, he could be hyperdistractible to either external or internal stimuli. External stimuli might be the buzzing of a fly that becomes the center of his attention rather than the spelling lesson he should be concentrating on. Or, he might spot a pencil mark on his desk and trace it over and over with his pencil, forgetting all else.

A child responding to internal stimuli might interupt an important discussion to ask an irrelevant question or add something that has nothing to do with the subject.

Another child may be disinhibited. Disinhibition is showing a lack of normal propriety. "How come you're so fat" or, "I'll wet my pants if I can't go to the restroom now", will be loudly proclaimed for all to hear.

Impulsivity is the inability to put off or delay an action regardless of the consequences. It can take several forms. The child may demand the parent's immediate attention, or he may get up and kick another student that displeases him. An impulsive child may intrude on another person's privacy without realizing that he has done so.

Lability of effect is shown by overreacting to a minor incident. He may giggle or laugh uproariously at something only slightly amusing or break into tears over a small setback.

Will having a learning disability affect my child emotionally?

Many SLD students have a poor self concept. They will show a low frustration level. If he does not meet with immediate success, he may cry, throw things or attack the person he feels is responsible or he may give up and crumple the paper he is working on into a ball and throw it away.

These children may avoid any situation which is a challenge. The youngster reasons that he avoids failure by avoiding the problem.

Because these youngsters have an inadequate control over themselves, they sometimes use control over others as a substitute. A child may be able to exert control over his parents by throwing up whenever he is served a food he dislikes. Or she may dawdle so much that her mother will do the task for her.

Sometimes a child will resort to negative behavior by doing nothing at all or doing the exact opposite of what has been asked of him.

These descriptions paint a picture of a child that is difficult. Is this a true picture of the SLD child?

Remember that most learning disabled students have a cluster of problems that hinder learning. The longer a child is successful at failure, the more likely emotional problems will surface. Many SLD students are remarkably free of behavioral problems. The term specific learning disabilities is like an

umbrella. It covers many different problems which might interfere with learning. There is really no composite picture of an SLD child.

How can I help my child at home?

These children need as many positive experiences as possible. All children must be successful at something. If this success cannot be attained at school, it is especially important that some outside activity can provide that pride that comes from doing something well.

I have a child younger than my SLD student who can read better. How do I handle this situation?

This is a difficult situation for the entire family. The parent wants to praise the younger child for his accomplishments but wonders whether it will hurt the older child. It is better to be open about the child's disability treating it as a problem temporary in nature that needs solving. Praise the children for a job well done in all areas of endeavor.

Will my child overcome his disability?

It is difficult to foretell a child's future progress. It would depend on the severity and complexity of the problem as well as the child's willingness to work at the remediation. If the child gives up, no learning can take place.

Is there a connection between hyperactivity and food?

Dr. B. Feingold's theory that certain foods containing salicylates, preservatives, or food coloring will increase hyperactivity in some children has its detractors as well as enthusiastic supporters. Certainly diet has much to do with a person's sense of well being. Teachers often comment that poor behavior increases after lunch. An observant parent can discover whether there is any alteration on behavior or level of activity after eating certain foods. Other symptoms of allergy could be gastrointestinal discomfort or headaches.

What other factors influence the SLD student's behavior?

Change of any kind including weather changes, seems to affect these students to a greater degree than the non exceptional student. A fire drill can turn an orderly group into an unruly group on their return to the classroom.

These students like to know what to expect and when to expect it. They resist change. A teacher may change a classroom routine or change seats around. Three weeks later, some students will still cling to the old schedule or seat, declaring that the teacher is wrong. They need a planned environment in which not too many options are left for them to decide.

Why is my child learning disabled? Why can't someone tell me the exact cause?

There are many possible causes. Certain illnesses or

medications taken by the mother before the child's birth, birth trauma, illnesses and injuries of the young child, genetic factors, familial disposition toward SLD as well as a slow maturation rate are among the many causes.

Rather than try to pinpoint the cause, it is more important to understand what the child's specific problems are so that an all out effort can be launched to alleviate them.

Why wasn't my child identified as being SLD earlier? I feel that much time was wasted before she was placed in these classes.

Some experts feel that it is impossible to tell accurately whether a child is learning disabled much before second grade due to many reasons. There are now programs that seek to identify "high risk" youngsters which will begin to remediate special problem areas as they are identified as early as kindergarten age. These programs will surely be of great value to youngsters who might later be identified as SLD students.

Will I be asked to help with homework?

That answer depends upon the child's teacher. A parent must remember that an SLD child needs much review. For instance in order to master his spelling words for his test on Friday, the youngster will probably have to have someone help go over the words everyday for a few minutes rather than an hour on Thursday evening. These students need much repetition to master such skills. It requires patience of the adult.

I hate to call the teacher about problems. Do teachers object to all these interruptions? They have many students besides mine.

All special education teachers expect to keep in close contact with the parents. They wonder what is wrong when you don't. They think you are unconcerned. A team approach is necessary to solve the child's problems. You, your youngster, and the teachers need to work together.

PARENT'S RIGHTS: A GUIDE TO THE IEP CONFERENCE

By: Kathryn Mire

PARENT'S RIGHTS: A GUIDE TO THE IEP CONFERENCE

What does IEP stand for?

The Individualized Education Program (IEP) is the educational course of action that is "tailored" to your child's specific needs. The term IEP is used, loosely at various times, to apply to the long range program, the document on which the details of the program are listed or as the name of the conference itself. So it is possible for you to attend an IEP Conference and to sign the IEP plans which detail the proposed IEP program for your child.

What happens after a parent or teacher asks to have a child tested for the SLD program?

The first step is to have the parent sign the consent form which gives the school permission to begin testing. The child's teacher is asked to observe and to document any school related problems that he or she sees and to describe what alternative methods have been employed to correct it. Vision and hearing are checked by specially trained school personnel, a test such as the Wide Range Achievement Test or the Peabody Individual Achievement Test, is administered to find the child's current reading, mathematics and spelling achivement level. You are asked to provide a brief personal and health history of the youngster. A school psychologist gives the child tests that determine the child's potential for academic achievement and the identity of problem areas. If the results of this cumulative data satisfy the requirements of the

program and a placement committee, you are called in to help plan the program in an IEP conference.

I have never been to an IEP conference. Must I attend?

Please remember you are an extremely important member of the committee. Except in extremely rare instances, the placement conference will not take place without out you. The meeting will be postposed until you are able to attend.

Who will be at these meetings?

The persons at the meeting could be the child's parents (preferably both of them), the school psychologist, the teacher(s) (regular and special education) the speech therapist, the school principal or his designee, the guidance counsellor and the child. There will never be less than three adults beside you.

How often will my child need to be reevaluated?

The child will be reevaluated every three years while he is in the special program. The program will be reviewed annually.

What will be included on the written plan?

The plan will include the following:

. A statement of the child's current education level.

. A statement of the goals which will be worked toward.

. A statement detailing what will be done to take the child from his present level toward the achievement of yearly goals.

. A statement of the services that are needed by the child and when these services will begin and end.
. Regular programs in which your child will participate.
. Persons responsible for your child's special program.
. An evaluation of your child's progress.

What topics are covered by this IEP meeting?

You should be told the results of the testing such as areas of your child's strengths and weaknesses, his current achievement level as well as any special problem areas. Questions will be raised about the advisability of the child enrolling in the regular physical education programs, whether he wears his glasses, whether the child takes medication, needs special services, or any other unique problems. A long range goal will be decided upon and the short term objectives for reaching that goal will be discussed and written down in the plan.

With so much to be covered at this meeting will I find time to ask my questions?

It might be a good idea to write your questions down before you get to the meeting so that you won't forget to ask them. You will probably want to know whether there will be homework and on what nights. You might want to know what the teacher's method of grading will be. For instance, does an A mean the child is ready to go back to regular classes or, does the teacher use a good grade to tell the child he is doing well on the level of the material

he is studying?

What other services are offered?

The child might be placed in special reading classes, take part in group or individual problem counselling or have the services of a speech clinician or therapist in addition to the SLD classes.

I understand that as a parent of a child in an exceptional program I have certain rights. How did I get these rights?

Your rights were given to your by Congress Public Law 94-142, The Education For All Handicapped Children Act of 1975.

What are some of these rights that I have as a parent?

In regard to records, you may examine and request copies of all records that are relevant to the identification, evaluation and placement of your child on special classes. You should be able to ask for and receive an explanation of anything contained in them that is not clear to you. You are able to request that information included in the records be changed if you do not believe it is accurate. Your consent is needed before certain of this information can be disclosed to other parties.

In regard to the placement of the child in the SLD program, you may withdraw your permission for testing or placement at any time.

You must be notified of any proposals by the school to change the provisions of education or placement of the child.

If you disagree you may request a hearing. If you disagree with the evaluation you can request an independent evaluation. The school district also has the right to request a hearing in cases of disagreement. The procedures for requesting a due process hearing are detailed in a paper called Procedural Safeguards Available To Parents of Exceptional Students. If the school has not given you a copy, please request one.

Possibly the most important right given you by Congress is your right to be one of the principal members of the planning committees that detail the education your child will be getting. You are able to take an active part in determining the specifics of your child's schooling from kindergarten through high school. The child may change schools or teachers leaving you, the parent, as the sole continuing member of all the planning meetings. You will certainly want to exercise this remarkable right.

Will there be high school classes especially for SLD students?

All the high schools in the county have SLD programs. The students take some courses with the SLD teacher and others with the regular teachers.

Will my child be able to graduate from high school?

As your child grows older, it is necessary to realistically

assess his future. Will he be able to successfully complete all the courses needed for graduation or should he be taking more vocational subjects? Is it possible with help he might be able to attend college classes?

Will an SLD student be able to earn a regular high school diploma?

In Broward County an SLD student can earn a regular diploma if the student takes and passes all the required courses and earns the necessary number of credits to graduate. In addition, he must pass the minimum basic skills for graduation. These minimum basic skills are referred to as the PPP's.

What is a special diploma?

A student may earn a special diploma if he wishes to substitute some vocational courses for part of the social studies graduation requirements. All other requirements are the same as for the regular diploma.

What is a Certificate of Attendance?

If an SLD student cannot meet the requirements for graduation he is issued a Certificate of Attendance.